

patients by a laboratory colleague, Dr. Mona Bettin of Los Angeles, is a story all its own, and is reserved for narrative on a future occasion.) At that time the state and the county and city spared neither effort nor money to combat this menace that would have meant a quarantine to Los Angeles and its port.

How different the stage settings, however, once the immediate scare is past! On several previous occasions mention has been made in this journal of the efforts to secure a rat-proofing building ordinance for the city of Los Angeles. After several years' effort, and in spite of an educational campaign among presumably influential elements of the community, the proposed ordinance is still in Council Committee. It is the old story—that once the immediate danger of a scourge having possibilities of death and vast economic loss is seemingly over, then there is not only noncoöperation, but actual opposition to sane preventive measures. Fortunately in this instance, the record of the medical profession is clear, and in the event of a recurrence the blame will rest on the city officials and those civic organizations and agencies which have failed to do their part in educating an appointed building commission and an elected city council into the seriousness of this plague menace.

So that while the bubonic plague may be a disease that is splendidly handled by the Federal and state governments, it must be acknowledged that in municipalities sane preventive measures are not easily adopted. However, the proponents of the rat-proofing building ordinance for the city of Los Angeles, do not intend to let the matter rest, even though the proposed ordinance is opposed by a peculiar political situation that makes success at the immediate moment seemingly out of the question.

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Examples of Difficult Problems in Disease Prevention.—The facts presented in the preceding paragraph would suggest that, in California, bubonic plague might be placed in this group of difficult problems. The analogy with the malaria situation in the Sacramento Valley as outlined by Doctor Kellogg is evident.

What Should be Our Attitude Regarding Smallpox?—A less good analogy exists as regards smallpox and compulsory vaccination. So much has been written concerning the efficient manner in which vaccination protects from smallpox, that in this day and generation it seems inconceivable that intelligent persons could object thereto. Yet such is the power of pseudophilosophical and cultist groups that it is useless to argue. For himself as an individual, the writer of this column in recent years has revamped his attitude on this question. Formerly he was an ardent adherent of compulsory vaccination. Now he believes this is one of the diseases toward which the medical profession can limit its educational work to dignified presentation of world statistics on the value of vaccination; coupled with statements that the

medical profession believes vaccination to be safe and efficient protection against smallpox, and that all citizens are advised to avail themselves of the procedure. Of course, the clients of physicians should be especially urged to have vaccination done. Then when smallpox comes, physicians, their families and their clients will have protection.

Those who hold that smallpox is a disease existing in the imaginations of physicians will have an opportunity to prove the correctness of their theories. For himself, he believes that after the smallpox epidemics which are certain to occur in California, if the antivaccinationists are victorious (a large nonvaccinated population combined with nonvaccinated Mexicans to bring the disease to them), we shall have a sufficiently large number of nonvaccinated smallpox survivors, whose pock-marked faces on the streets will go far in keeping others from exhibiting similar foolishness in the future.

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Doctor Kellogg's presentation of factors antagonistic to effective disease prevention, of unsolved problems and of future progress in preventive medicine, and of the part which medical men should play in disease prevention is of interest and worthy of earnest thought. Readers of CALIFORNIA AND WESTERN MEDICINE are urged to mark these two articles for perusal.

COUNTY MEDICAL SOCIETY MEETINGS— SCIENTIFIC AND SOCIAL PHASES

Perusal of the reports of county medical societies of the California Medical Association, as they appear in CALIFORNIA AND WESTERN MEDICINE from month to month would indicate that more and more of the component county societies are appreciating how valuable it is to local medical organization and work, when members convene and not only discuss scientific topics, but at the same time break bread one with the other, drop formalities, and welcome and meet one another as brothers, coworkers and colleagues of the same guild. Such a combination of interests is much to be desired, for effective organization work rests not only on loyalty to high professional standards, but also on a solidarity that comes largely through kindly personal regard and coöperation.

It is fair to conclude that when county societies provide meetings in which scientific and fraternal development go constantly hand in hand, that in such communities narrow personal jealousies and misunderstandings will be held down to a minimum, and that the real objects of medical organization in all its phases are more apt to be realized.

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Meetings after this conjoint plan are in one sense easier to carry through in the smaller than in the very large county units. Nevertheless in the smaller societies it costs just as much per member for a simple informal buffet luncheon or supper as it does in the larger units. The handicap in the larger units is that it is difficult for a single

member to contact at every meeting with every one of his fellow members. That, however, is not the primary object, for we know that our social contacts both in and out of the profession, of necessity radiate from one little group of which we happen to be a part, to contacts with other little groups, the circle of contacts, however, growing constantly larger as time goes on.

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No very effective organization spirit can ever be brought into being in a club or society unless these social amenities are recognized and provided for. For when these social contacts are neglected, the larger the society the more unappealing do the general meetings become to the majority of the members; and as the months and years pass by, in such a large society, in the medical profession, for instance, a goodly number of members become indifferent to the general meetings, remain aloof therefrom, and often, unfortunately, permit themselves to believe that the only persons really interested in the meetings are those fellow members whom they credit with having so-called political or office-holding proclivities. All this is undesirable, because with such a substratum of feeling, no forward organization work, which would radiate and influence lay fellow citizens, either from the standpoint of public or personal practice, is apt to come into operation and realization.

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Officers of county medical societies have important responsibilities in all this, because it is they who have been given the honor of official positions, and with the honors go responsibilities. The fundamental responsibility is to bring each component society up to a 100 per cent efficiency in its county and state activities.

County society officers who have had only limited experience in nonmedical clubs or in medical organizations should aim to follow in the paths along which in the past it has been shown most progress could be made. It is really a fairly simple proposition, this matter of providing: one, a scientific program made up of contributions by leaders among local colleagues, plus addresses from time to time by colleagues from other societies, as can be easily arranged through the office of the secretary of the California Medical Association; and two, of adding to the intellectual program those social features which play so large a part in bringing out a larger attendance at meetings, and which make for a stronger *esprit de corps* through the good fellowship that holds the members together as they chat and eat at the conclusion of the scientific program.

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There is no county society that cannot well consider the inauguration of these procedures. It has been gratifying to note that the San Francisco County Society has again taken up the supper plan. Years ago the Los Angeles County Society built up a very considerable reputation of unity, based in good part on its after-meeting suppers. No matter how great the superficial difficulties may seem as regards the inauguration of these

social activities, it will be found in practically every instance that ways and means always can be found through which they can be brought into being. It is an active coöperative membership that spells real organization efficiency, and no effort should be too great for officers and members to attain the same.

RETURNS FROM PROPOSED INITIATIVES

The proposed initiatives—the full text of which was published in the August issue—failed to secure the necessary signatures for a place on the ballot. Instead of the required 91,529 signatures to the initiative on health boards and nonmedical practitioners in public hospitals, but 3620 actually were secured.

It is to be hoped that this tremendous lack of support to vicious legislation is indicative of a growing unwillingness on the part of voters to affix their signatures to petitions which are presented on the street corners and in hotel lobbies. Thoughtful voters evidently realize that initiatives are not easily repealed; that the true motive in a bill is frequently skillfully concealed in a minor clause, and that the title of a proposed initiative may easily be at total variance with the real purpose of the measure.

Old Chinese Works Reveal Drug Lore.—Chinese physicians of five thousand years ago knew the uses and physical reactions of numerous drugs of which the physicians of the western world are only now learning, according to the findings during the course of the translations of Chinese medical works by Michael J. Hagerty, translator for the United States Department of Agriculture.

"Ma Huang," known to western scientists as ephedrin sulphate, a recently developed preparation for the treatment of bronchial asthma, hay fever and rhinitis, has been used in China for more than five thousand years, and is first mentioned, Hagerty has found, in the ancient *materia medica* of Emperor Shen Hung, who reigned from 2737 to 2698 B. C.

In the course of Hagerty's translations, its use as a cure for colds is most commonly cited. Other uses for "ma huang" were in treating or curing diseases of the "five internal organs," which to the Chinese physician of early days were the kidneys, spleen, liver, heart, and lungs; to cure diseased armpits and breasts, to stop "the desire to vomit," or to induce or prevent perspiration—different parts of the plant being used for the purpose in the last case.

Colds were broken up by its use in a broth. An ancient prescription translated by Hagerty recommends its use "in the epidemic of fever due to change in weather, just as it arises on the first or second day."

The prescription, compiled during the T'ang dynasty, or between 618 and 905 A. D., advises the patient to "take one large ounce of ma huang, remove the joints; take four pints of water, boil together and remove the top scum; boil down to two pints and remove the dregs; take one spoonful of rice and beans and make a gruel. Before using the broth take a warm bath and afterward eat the gruel, put on a thick bed covering and when the perspiration comes forth there will be a cure."

Ephedrin, the active principle of ma huang, was first isolated in impure form in 1885, but it had not been dealt with completely in the Occident until 1924, and its uses are now becoming generally known. The Department of Agriculture is making a thorough study of the drug with a view toward encouraging its cultivation. It is known to grow wild in sections of California and Nevada.—U. C. *Clip Sheet*.